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large margin. The public criticism has also been made that although the idea originated in Boston, Massachusetts has the smallest per capita subscription list of any state.

Now we come to the latest but by no means the least of our organizations, the state societies, organized primarily to give legal status and differentiation. The passage of the bill for state registration gave us legal status and a standard for legal qualification. Between the beginning and the end of all life and its possibilities lies the endless struggle of evolution and manifestation. The passage of the law was but the beginning. The great between lies all before us. Every step in advance brings greater responsibility, the evolution of larger aims, the vision of wider fields of usefulness and power. We are no longer a nonentity, the law recognizes us as a factor in its economy and protects us in our rights and privileges.

AMUSEMENT OF THE CONVALESCENT BABY *

By LOUELLA PURCELL, R.N.

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HARRIET CAMP LOUNSBERY has written for the January JOURNAL an article on the amusement of the convalescent. Knowing that you have read or will read this article, I shall confine myself to the convalescent baby.

Experience has taught me that success in amusing the convalescent depends not so much on what you do as what you are. A bright and cheerful disposition will carry you through most any long tedious period with the grown-up. Few indeed are the nurses that can handle the sick baby, and fewer still are nurses who enjoy this kind of work. This is to be deplored and yet to be expected, as the average nurse has had little training in that line. Children's ailments are such that they can seldom be cared for in the general hospital. Therefore the nurse is at sea when called to care for a child, suffering from some disease with which she has not come in contact, and has only the few notes which she has jotted down from some six or eight lectures. These give absolutely *no* help in the management of her small patient.

This is one of the greatest problems that confronts the private duty nurse. "What shall I do if the patient is a child?" How many nurses ask themselves that question, when the call for duty comes?

Children dislike to remain in bed after daylight, their favorite hour

* Read at a meeting of the St. Luke's Alumnae Association, January 17, 1912.

for awakening being 5.30 A.M., never later than 6, and immediately they demand to be taken up. This is true of the sick child, as well as of the convalescent, if the illness be not severe. Fortunately there are many diseases of childhood where the patient may occasionally be taken up for a short time, but there are times when they must be kept in bed during the entire convalescence. Then one must begin bright and early in the morning to amuse and entertain, in order that the child may forget that he is not to get up.

I have kept children patient and uncomplaining for days, by persuading them that their bed was a train or automobile and planning a different trip for each day. The sides of the bed were covered with heavy paper, with holes cut out for windows, the wheels made of large card-board or the ends of old hat boxes, a canopy of bright-colored paper over the head. a few boxes and bundles, and we are ready for the "Beautiful Isle of Nowhere," or "Wonderland." What matters it if the boxes and bundles contain last year's toys! They have been out of sight, perhaps a long time, perhaps only a day or two, but they are tied up and opened at just the right time, giving almost as much pleasure as when they were new. Then I have made a spider web over and around the bed, by using some brightly colored strips of tarleton and winding them in and out the sides of the crib and "criss-cross" over the top. They love to be shut in, as it were, and will usually object to their release.

Clothespins, if dressed in tissue paper and put on a cord across the bed, called by different and well-known names, will delight the child especially if it's a "make-believe party." I have even dressed each of the little fingers and toes, to increase the number of guests.

Children of this age do not, as a usual thing, enjoy the ordinary story. They may lie quiet for a little while and listen to "Little Pig" or "Mother Goose," but they soon tire and want something more exciting. Try them with make-up stories. They will understand better if you use familiar names for people. The cake houses and ice cream porches which you may build or rides on the chocolate horse or milking the candy cow, will all be enjoyed.

Then, too, you can make a game out of every treatment, and a party out of each feeding. True the tin soldiers and the woolly dog may be the guests of one, the dollies and the gingham cat of the other, but usually the patient will get the proper amount of nourishment, regardless of the fact that all have partaken. Take the dolly's temperature occasionally; it's a waste of time, but the small invalid won't want dolly to have one single thing done that baby has not, and he will willingly submit to almost any treatment if dolly has had it first.

I remember one child who was particularly hard to manage and would not allow me to give treatment or medicine without a struggle, which so taxed his strength that I thought it would overbalance all the good that could ensue, and wondered if it had not better have been left undone. Then I stumbled onto an idea, that perhaps he would enjoy being some one else (he was only two), so I called him Susie, saying, "Open your mouth, Susie, and take your medicine." He responded immediately, glad to have Susie get the bitter dose. I had no more trouble through his entire illness, always giving the disagreeable things to Susie.

So the day passes, and when night comes on we start with the dollies and the doggies, and the little moo-cow, putting them all to bed first, and baby is almost always willing to join his pets when his turn comes.

The child a little older will enjoy kindergarten amusements, colored beads and crayons, paper dolls, or a race of marbles across the cutting board, paste-board houses and furniture, both of which are easily made. There are so many, many ways to amuse and entertain a child, even though they have few toys. Many a gorgeous necklace have I made for the small girl out of the diamonds from an old pack of playing cards, and many a garage, for the small boy, has been filled with advertisements from an old magazine. Hours have passed pleasantly for the girl of eight, while she watched me fit a petticoat or dress to her dolly; while the boy, that age, will have great fun sticking old stamps into a scrap-book, and thus the days go by rapidly, both for patient and for nurse, if she does not dislike the work.

Many a nurse is excellent with adults, but does not possess the peculiar knack of caring for a child, but fortunately more nurses are seeking experience in this line.

A good nurse is as necessary to a sick child as a good doctor, for the skill of the doctor cannot avail unless his directions are carried out to the letter.

EMERGENCY CARE OF THE MENTALLY DISORDERED

By SMITH ELY JELLIFFE, M.D.

PART II

(Continued from page 401)

THE delirium found in the patient who is suffering from a mental disease which we term general paresis, or softening of the brain, is usually quite different. It may be characterized by a loss of orientation and of violence; there may be hallucinations of sight and of hearing,